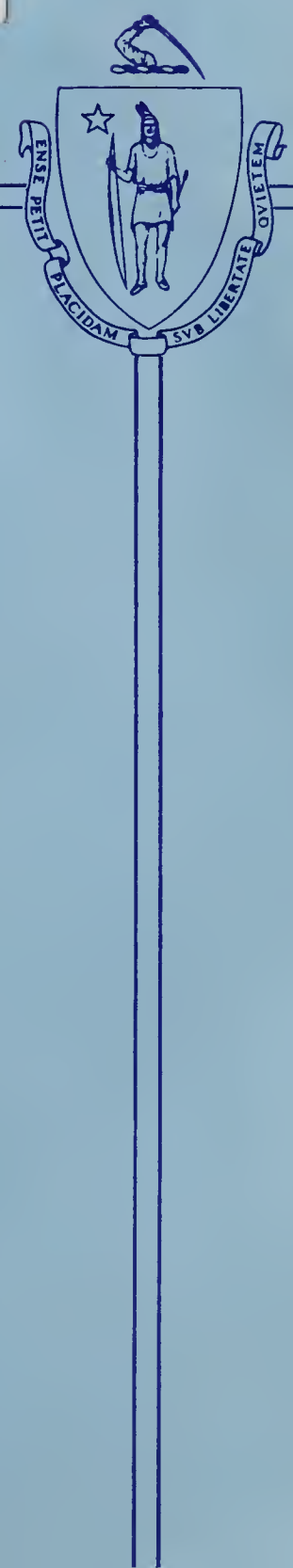
PROFILE BRIEF

THE HOMELESS MENTALLY ILL IN MASSACHUSETTS



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THE HOMELESS MENTALLY ILL IN MASSACHUSETTS

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ISSUE DEFINITION

In its simplest terms, homelessness can be defined as "the lack of safe, decent, humane lodging which is affordable and available to individuals and families who, for whatever reasons, lack a place to stay for one or more nights."[1] However, there are several problems with this definition. Above all, it has been used to describe several groups of individuals including (1) former mental patients; (2) people who cannot afford to pay for housing; (3) and individuals who are homeless from circumstances beyond their control. These people were left homeless because of shortages of low-income housing (i.e. single room housing, lodging houses, and rental units) from urban renewal, gentrification, and condominium conversion; employment demands for high technology trained workers; reductions in public benefit programs; and deinstitutionalization.[2]

One group, the mentally ill, is emerging as the population in the greatest need of governmental assistance. Mental illness has been defined as "a substantial disorder of thought, mood, perception, orientation of memory which grossly impairs judgement, behavior, capacity to recognize reality or ability to meet the ordinary demands of life."[3] The purpose of this study is to profile this homeless population in Massachusetts. The discussion has been confined to information and data for state government programs. Private philanthropic programs, such as the ones sponsored by the Homeless Fund, have been purposely excluded. The Profile Brief has been structured in several sections and will include a general background on the history of the mentally ill homeless, a description of Massachusetts state Programs, and various federal and state legislation filed for this upcoming session. In addition, it also includes a state survey showing what other legislatures are doing concerning this particular segment of society.

1Carol B. Johnson. Massachusetts Report on Homelessness: 1985. "Policy Paper: Homelessness and the Mentally Ill." (Boston: Brigardi and Johnson Associates), p.38

2House Bill No. 5600: Fiscal Year 1987 Budget. "Homelessness in Massachusetts." (Boston: House Ways and Means), 1986, p.37-39.

3Please see 2.14 CMR 104(5)

BACKGROUND

It has been estimated that nearly 250,000 to 300,000 individuals are without appropriate housing in this country. In Massachusetts several surveys have placed the number of homeless people between 8,000 to 15,000. A recent study found that 2,400 chronically mentally ill are in need of supported housing, and another 1,500 to 3,600 use shelters for their primary lodging.[4]

According to the National Institute for Mental Health, 22% to 30% of all homeless people have some type of mental health problem. This percentage is slightly higher in Massachusetts. The Executive Office of Human Services has found that 40% to 60% of homeless people in this state are mentally ill and may suffer from other forms of substance abuse.[5]

Many experts believe that "deinstitutionalization," a 1960's mental health policy that assumed community care was a theraputic option for treating mental illness, is a contributing factor for the large number of homeless in this particular group of people. Prior to this time a person diagnosed as mentally ill would be committed to a state hospital for treatment. Under this new philosophy, institutional care was substituted by a humanistic system of psychiatric programs at the community level. State hospitals were gradually replaced by Mental Health Centers offering a number of rehabilitation programs in the least restrictive environment possible.

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[4] A Comprehensive Plan To Improve Services for Chronically Mentally Ill Persons. (Boston: Mental Health Action Project), 1985, p.15

[5] Philip Johnson. Talking Points: Harvard School of Public Health. "Administration Response to the Problem of the Homeless Mental Ill." Boston: Executive Office of Human Services. n.d.

Three government policies helped implement this new psychiatric movement. First, Congress passed legislation in 1963 creating Aid to the Disabled (ATD), the forerunner of Social Security Income (SSI). ATD made mentally ill individuals eligible for federal financial assistance which allowed them to live in the community rather than a mental institution. In that same year the Mental Retardation Facilities and Community Health Mental Health Centers Construction Act provided grants to build and staff community health centers. Finally, the issue of civil rights of psychiciatric patients brought about many reforms in state commitment laws. Legislation was passed in a number of states that made it difficult for authorities to hold a person with a disorder against their will.

Problems

There is a general feeling among experts that Deinstitutionalization has not achieved the success envisioned for it. They argue that certain mentally ill persons were placed into communities without proper support and follow-up services. These problems were exacerbated by:

1. complex beauracratic systems inadequately designed, developed and organized.

2. people needing the most help going untreated or unserved because they do not know how to access services.

3. shortages of supervised housing, rehabilitation, vocational and crisis-intervention programs.

4. large amounts of money being spent on state hospitals instead of community programs.

MASSACHUSETTS

In 1966 the Massachusetts Legislature enacted Chapter 735, "An Act Establishing a Comprehensive Program of Mental Health and Mental Retardation Services." This new law created the Department of Mental Health and established a system of community health care service programs. In addition, the state was divided into 40 areas and 6 regions (104 CMR 2.03). Each area was to offer six major services:

1. Inpatient care to provide twenty-four hour psychiatric services.
2. Outpatient care that included evaluation, psychotherapy and other Mental Health treatments.
3. Crisis Intervention/Emergency programs providing immediate and short term services to a seriously troubled person.
4. Aftercare and Community Support programs providing psychological, social and vocational rehabilitation.
5. Residential services in community based housing.
6. Day programs consisting of treatment-oriented and vocational services.[6]

Twenty years later this initiative has failed. In His Special Message, Governor Michael Dukakis admitted that:

> The system of care envisioned in 1966 is not fully developed. Many areas of the Commonwealth lack emergency screening and crisis services; housing opportunities for chronically mentally ill remains extremely limited . . . We are all well aware of the tragic plight of homeless mentally ill.

In response the Administration has unveiled a five year plan aimed at improving mental health services in the Commonwealth (See Table I). One of the recommendations include provisions to expand housing and residential services for 2,500 mentally ill clients.[7] This would be accomplished by:

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[6]Homelessness; An Intergrated Approach. Boston: Massachusetts. Association of Mental health, 1985, p.81-82

[7]A Comprehensive Plan to Improve Services for Chronically Mentally Ill Persons: Action Plans. (Boston: Mental Health Action Project, 1985.

TABLE I

GOVERNOR'S PROPOSED HOUSING PROGRAMS

PROGRAM TITLE	DESCRIPTION	ESTIMATED NO. PEOPLE SERVED	COSTS
Chapter 689	Joint EOCD/EOHS program funding local housing authorities for disabled apartments	500 in Five Years	$18M
Chapter 707	EOCD housing program providing rent subsidies to private landlords FY85	100 during F.Y. 85	$8.3 Million over five years
Chapter 667	Provides grants to local housing authorities to build elderly housing	20 clients per year	$2.6 Million over five years
State Housing Assistance for Rental Production Program (SHARP)	EOCD/MHFA SHARP Program to build privately developed but publicly financed rental housing	60 units	$.2 Million over five years
Boston Housing Partnership Program	Program using SHARP and other funds to develop low-income housing	30 units	(See above)
Residential Community Set Asides	Surplus state hospital and state land sold or leased to developers to create new neighborhoods	10-15 of units reserved for DMH clients; housing for 470 over five years	$11.2 Million over five years
Private Non-Profit Housing	DMH contracts with private, non-profit provider agencies	256 clients in next two years	$2.9 Million over five years
Transitional Housing	Transitional and quarter-way housing built on hospital grounds	300 clients	$7.9 Million over five years

1. developing existing Executive Office of Community Development housing programs.

2. selling surplus state lands to private developers to create new neighborhoods.

3. continuing the practice of contracting with private housing.

4. building transitional housing on State Hospital land.

Shelter Programs

Homeless mentally ill usually seek refuge from the streets and a bed for the night at an emergency shelter. These places usually offer lodging and food but fail to provide the services that are needed for this group to function normally in society. According to the American Psychiatric Society, a hostelry servicing this population should include programs for obtaining financial assistance, planning meaningful day-time activities, providing medical and mental health services, establishing vocational and rehabilitational counselling, training staff members to identify certain disorders, and having available an on-site psychiatric consultant to prescribe and administer theraputic medications.[8]

Most of this state's homeless budget is expended on the Department of Public Welfare's (DPW) Shelter Program.[9] Revenues are used to fund temporary and permanent shelters (Table II and III). In most instances the DPW will pay a percentage of the operating costs with the local community making up the difference.

Unfortunately, these DPW shelters generally offer only lodging accomodations to their clients. People with other needs, i.e. the mentally ill, must apply to the appropriate local and state agencies for different types of services. However, the Department of Mental Health has been actively involved in providing mental health services at several shelters.

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[8]The Homeless Mentally Ill: A Task Force Report of the American Psychiatric Association.
Washington: A.P.A., 1984, p197.

[9]Homelessness: An Integrated Approach.
Boston: Massachusetts for Mental Health, 1985, p.46.

TABLE II

TEMPORARY SHELTER PROGRAM: DEPARTMENT OF PUBLIC WELFARE

CITY	NAME	ADDRESS	TYPE	POPULATION	BEDS
Boston	Project Place	32 Rutland Street	Day Program	I	20
Cambridge	Phillips Brook House	66 Winthrop Street	Shelter	I	23
Danvers	NSCA Shelter Program	40 Maple Street	Shelter	I	15
Danvers	North Shore Shelter Community	National Guard Armory	Shelter	I	30
Dorchester	Mass. Coalition for the Homeless	1235 Adams Street	Donation Assistance	Families and Shelters	N/A
Fitchburg	Our Father's House	53 Lunnenburg	Shelter	Families and Single Men	26
Fitchburg	Montachuset Opportunity Council, Inc.	66 Day Street	Voucher	F & I	174 individuals
Gardner	Community Action Committee, Inc.	249 S. Main Street	Shelter	F & I	10
Gloucester	Action, Inc.	60 Prospect Street	Shelter	I	25

F=Families
I=Individuals

CITY EDS	NAME	ADDRESS	TYPE	POPULATION	B
Greenfield	Franklin Community Action Corporation	39 Federal Street	Voucher	I	148 individuals served
Haverhill	Community Action, Inc.	25 Locust Street	Shelter	F & I	16
Hyannis	NOAH Shelter	South Street	Shelter	I	50
Jamaica PLain	Finex House	P. O. Box 1154 (288-1054)	Shelter	Women and Children	15
Lowell	House of Hope	812 Merrimack St.	Shelter	F & I	20
Lynn	Walk In Emergency Shelter	360 Washington St.	Shelter	I	35
Marlboro	Community Shelter Project	Walker Building	Shelter	F & I	10
Milford	Blackstone Valley Task Force on the Homeless	St. Mary's Parish	Shelter	F & I	10
New Bedford	Volunteers of America	1704 Chestnut Ave.	Shelter	F	15

CITY	NAME	ADDRESS	TYPE	POPULATION	BEDS
Newburyport	Turning Point	5 Middle Street	Voucher	I	52 individuals
Pittsfield	Salvation Army	298 West Street	YMCA Vouchers Shelter	F & I	25
Plymouth	South Shore Community Action Council	17 Court Street	Hotel and House Vouchers	F & I	73 individuals served
Quincy	Quincy Crisis Center	442 Southern Colony	Shelter	I & F	10
Roxbury	Salvation Army	23 Vernon Street	Shelter	Families	14
Somerville	United Methodist Church Shelter	14 Chapel Avenue	Shelter	I	6
South Boston	St. Peter-St. Paul Parish	55 West Broadway	Shelter	I	5 Men
Springfield	Urban Homeless	125 Armory Street	Shelter	I	40

TABLE III

PERMANENT SHELTERS: DEPARTMENT OF PUBLIC WELFARE

CITY	NAME	ADDRESS	POPULATION	BEDS
Attleboro	Family Resource Center	200 South Main Street	F	20 (5 Families)
Boston	Pine Street Inn	444 Harrison Ave.	I	350
Boston	Shelter Inc.	656 Massachusetts Ave.	F	35
Brockton	Mainspring	54 North Main Street	F & I	50-60 5 Family units (1 Handicap unit)
Brockton	David John Louison	137 Newbury Street	F	23
Cambridge	Shelter Inc.	103-109 School Street	F & I	20
Dorchester	Family House Shelter	250 Columbia Road	F	35

F=Families
I=Individuals

CITY	NAME	ADDRESS	POPULATION	BEDS
Dorchester	Project Hope	45 Magnolia Street	I	350
East Boston	Crossroads	56 Havre Street	F	35
Fall River	Shelter Care	452 S. Main Street	F & I	28
Framingham	Pathways	59 Clinton Street	F	35
Gloucester	Huntress Home	3 Emerson Avenue	F	23
Holyoke	Main Street Shelter	437 Main Street	F & I	28
Hyannis	Hyannis Shelter	87 Winter Street	F	18
Lawrence	Lawrence Shelter	Naval Reserve Center	I	30
Leominster	Booth Home	24 Central Street	Families and Single Families	28
Lowell	C.T.I. Shelter	360 Pawtucket St.	F	25
Lowell	Merrimac House	423 Pawtucket St.	F	20
Lynn	Lynn Emergency Shelter and Day Program	620 Washington St.	I	30
New Bedford	Market Ministries	60 Eighth Street	I & F	20

CITY	SHELTER	ADDRESS	POPULATION	BEDS
North Hampton	Jessie's House	82 Bridge Street	F & I	20
Peabody	Inn Between	158 Main Street	F	20
Quincy	Quincy Interfaith Sheltering Coalition	114 Whitwell Street	I & F	44
Quincy	Long Island Shelter	Long Island Hospital	I	200
Roxbury	Agnes B. Owens Family House	339 Dudley street	F	33
Springfield	Prospect Street Shelter	103 Prospect Street	F	20
Worcester	Worcester P.I.P.	695 Main Street	I	20
Worcester	Youville House I	133 Granite Street	F	20
Worcester	Youville House II	133 Granite Street	F	20

Currently, the Department of Mental Health funds three shelters that provide services to the mentally ill: Parker Street Central at the Lindermann Mental Health Center (50 beds); Parker Street South at Long Island Hospital (40 beds); and Parker Street West at the Shattuck Hospital (25 beds). The clinical theory behind these shelters is to stabalize an individual. Each person is assigned a bed and dresser for an extended period of time. At night a client will return to the shelter and use the same facilities as the night before. Other Department of Mental Health sponsored lodging programs are located in Boston (1065 beds), Worcester (65 beds), Springfield (20 beds), Lawrence (30 beds), and Lowell (40 beds) (See Table IV) [10]

The Department of Mental Health has also proposed establishing a number of new initiatives. They include:

1. establishing an Intensive Care Unit for detoxing alcoholic/psychotic individuals. This program would be jointly funded by the Department of Mental Health and the Department of Public Health. Under current law, DMH is not allowed to treat alcoholics and DPH is restricted from treating psychotic persons.
2. appointing a part-time psychiatrist at Boston Health Care.
3. allowing non-facility staff members to work on the streets.
4. opening four new congregate lodging houses in F. Y. 87.
5. operating a day care program at the St. Francis House in Boston with a DMH outreach team and a social club in Worcester.
6. allowing a street specialist to work with the homeless in Cambridge and Somerville.

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[10]Telephone Conversation with John Mahoney, Office of Legislative Affairs, Department of Mental Health, 727-5500.

TABLE IV

Programs Sponsored by the Department of Mental Health

1. Ten bed "Homeless Triage Program" at the Massachusetts Mental Health Center.

2. Thirty bed program at the Solomon Carter Fuller Mental Health Center, seven of which are reserved for referrals from the Pine Street Inn.

3. Department of Mental Health sponsored beds in Boston (1065), Worcester (65), Springfield (20), Lawrence (30) and Lowell (40).

4. Nine congregate supportive lodging houses located in Worcester, Braintree, Revere, Lawrence, Northampton, and two in Beverly and Cambridge.

5. Local based work shelters in Framingham, Lawrence, Danvers, Worcester, and two in Springfield.

6. Five homeless Outreach Case Managers and a Senior Case Manager to identify and refer mentally ill homeless to appropriate services.

7. Emergency Services including mobile crisis intervention, ambulance, and twenty-four hour coverage and referral programs.

8. On-call psychiatrist for nights, weekends and holidays.

9. Psychiatric Nurse Clinicians at Pine Street Inn, Long Island, Shattuck Hospital, and Lindermann Mental Health Center.

10. Transitional shelter programs.

Massachusetts Legislation

In 1983 the homeless were made the centerpiece of the Governor's State-of-the State Address. This attention initiated the enactment of two new laws. The first, Chapter 450 of the Acts and Resolves of 1983, "An Act Further Regulating Assistance to Needy Persons," provided social services for families and individuals who needed emergency and transitional housing. Also included in this statute was a section regarding case management for the mentally ill.

The other law, Chapter 527 of the Acts and Resolves of 1983, "An Act Enabling Cities and Towns to Regulate the Conversion of Residential Property to the Condominium Forms of Organization" was an Emergency Declaration restricting condominium conversions to protect certain tenants. Landlords were required to notify occupants one year in advance, give low and moderate income, elderly and handicapped dwellers additional notice, provide moving expenses, and hold rent increases during the period of notification.

Several bills were filed for consideration during the 1986 legislative session. They are:

Bill No.	Title	Status
S. 648	Petition for legislation to provide facilities for sheltering homeless people.	Reported favorably;referred to House Ways and Means
S. 1831	Bill to further the provision of community services.	Reported favorably by Human Services and Elderly Affairs; referred to Senate Ways and Means
S. 1922	Bill enabling homeless veterans and their families to receive veterans benefits.	Reported favorably by Human Services and Elderly Affairs; referred to Senate Ways and Means
H. 1052	Petition for an investigation by a special commission relative to the needs and plight of the homeless in the Commonwealth.	Accompanied H.2631

Bill No.	Title	Status
H. 1432	Appropriations for new community systems . . . for the mentally ill and homeless.	Accompanied H. 2552
H. 1493	Petition for legislation to provide community services for certain needy persons.	Accompanied S. 1831
H. 2552	Appropriations for new community systems . . . for the mentally ill and homeless.	Committee of Conference appointed
H. 2631	Petition for legislation to provide emergency assistance for homeless people.	Reported favorably by the Committee on Human Services; referred to House Ways and Means
H. 3003	Petition for legislation to provide basic assistance to battered, homeless, deinstitutionalized and other non-employable persons.	"
H. 4774	Petition for legislation to require parents and children of indigent persons to support such indigent persons.	Accompanied H.3003

FEDERAL LEGISLATION

The Federal Government has adopted a policy of supplementing state and municipal programs rather than creating individual entitlement benefits. Acting on this philosophy congress has passed several laws that effect homeless people. In 1983 the Emergency Jobs Appropriation Act created the first national program for the homeless. Under this statute, the Federal Emergency Management Agency was directed to allocate funds to voluntary organizations for food and shelter. In that same year legislation creating the Urban Renewal Recovery Act authorized the Department of Housing and Urban Development to administer an emergency shelter program. Finally, Public Law 98-94 allowed the Department of Defense to open certain military facilities as shelters.

During the 99th session four bills were filed for Congressional consideration. Three of these concern homeless people in general. The other one regards the homeless mentally ill. They are:

S. 394	To provide housing assistance to the homeless through renovation and conversion of facilities for use as temporary housing. . . emergency housing and food. . . and residential housing in the transition to independent living.	Committee on Banking, Housing and Urban Affairs Ammendment added, no Pending Action
H.R. 1422	To require the Secretary of H.U.D. to administer a demonstration program to assist non-profit organizations in providing housing and supportive services for homeless persons.	Committee on Banking, Finance and Urban Affairs. Referred to Subcommittee on Housing. No action taken.

H.R. 1526	To provide emergency shelter and related services to homeless individuals and families.	Committee on Banking, Finance and Urban Affairs. Referred to Subcommittee on Housing. No action taken.
H.R. 4325	To establish a Special Program for housing the chronically mentally ill.	Committee on Banking, Finance, and Urban Affairs. Referred to Subcommittee on Housing.

STATE LAWS

The mentally ill are fundamentally different than the other homeless groups. They require a number of different services that are usually administrated by several agencies or departments. The biggest problem state legislatures face is how to create a comprehensive system of care within certain budgetary limits. Legislators have tried to resolve this conflict by providing short-term, temporary solutions to an immediate crisis. In most cases this type of policy has failed because it does not address the greatest need, which is long term planning.

Two states have attempted to address this situation comprehensively. One is the State of New York which initiated a policy that reimburses local governments for state approved community residential programs for the mentally ill (1974 New York Laws, Chapter 620; 1984 New York Laws, Chapter 298; and 1985 New York Laws, Chapter 351). In 1983 the State Legislature also established the Homeless Housing and Assistance Program (1983 New York Laws, Chapter 61). This act provided funding for housing and shelter facilities.

Illinois has also been active in developing housing programs for the homeless mentally ill. P.A. 84-366 authorized the Department of Mental Health and Developmental Disabilities to establish a comprehensive continuum of residential care for homeless mentally ill. This new legislation, called the MI initiative, trains shelter workers to access Mental Health services, establishes liaisons between local shelters and Community Mental Health Agencies, and develops new discharge and aftercare procedures.

Several other states have also passed laws establishing housing and different support services for the homeless mentally ill.[7] For example, Chapter 691 of the 1984 California statutes authorized the funding of emergency shelter programs; Chapter 180 of the 1984 New Jersey Laws provides housing assistance and medical services; and Chapter 777 of the 1984 Maryland Laws established a program providing transitional shelter and nutrition for this group of people. STATE SURVEY

The Legislative Service Bureau conducted a forty-nine state mail survey to determine what legislation other states are considering this session regarding the Homeless Mentally Ill. Each State's Legislative Research and Policy Office was contacted and asked to answer the following questions:

1. "Has your office prepared any reports that discuss the current policies regarding the Homeless Mentally Ill in your state?"

2. "Is there any legislation being considered this session by your legislature concerning the Homeless Mentally Ill?"

At the time this Profile Brief was published the Legislative Service Bureau had received twenty-four responses. Data was divided into two groups showing which states are considering legislation this session and the ones that have conducted in-depth research studies.

A. State Legislation

The first Category, Legislation, shows states that are considering establishing special study commissions (2); expanding residential, vocational, and socialization programs (5); providing grants and loans (3); creating state hospital housing programs (2); establishing pilot programs (1); designing leased housing programs (1); and allowing property tax exemptions (1). (See Table V). Five states also responded that no legislation was filed this session.

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[7]Please see Andrea Patterson and Rebecca Craig, "The Homeless Mentally Ill; No Longer Out of Sight and Out of Mind." State Legislative Report, Vol. 10, No. 13, December, 1985 for a complete discussion regarding state laws for Mentally Ill Homeless.

TABLE V

STATE SURVEY: LEGISLATION

STATE	RESIDENTIAL VOCATIONAL SOCIALIZATION PROGRAM	GRANT AND LOAN PROGRAM	PILOT PROGRAMS	STATE HOSPITAL HOUSING PROGRAMS	LEASED HOUSING PROGRAM	STUDY GROUPS	PROPERTY TAX EXEMPTION
Alaska	X						
Arizona			X				
California	X	X			X		
Hawaii	X						
Illinois						X	
Kentucky	X						
Ohio		X					
Pennsylvania	X						
Tennessee						X	
Utah						X	
Virginia	X	X		X		X	
West Virginia				X			X

Please note: Five states - - Kansas, Minnesota, Nebraska, New Mexico, and Oregon - - responded that legislation concerning the Homeless Mentally Ill was not filed this session.

Alaska

H.B. 412, "an Act Relating to the Chronically Mentally Ill," would create residential, vocational, and socialization programs.

Arizona

H.B. 2511, "An Act Establishing the Division of Behavorial Health,"

requires State Hospitals to tabulate the number of patients and record the place each person is discharged and allows a $50.00 a month payment to a person residing in a 24 hour residential treatment facility licensed by the Department of Health Services. The legislation also would create a pilot program to study alternative services for the Mentally Ill.

California

Three bills were filed for consideration during this session.

A.B. 4349 would provide community based programs to persons at risk of admission to a state facility.

S.B. 2299 would create a demonstration program to lease dwelling units in rental housing developments.

A.B. No. 2541 would establish community support programs for Homeless Mentally Ill.

Hawaii

H.B. No. 2001-86, "A Bill for an Act Relating to Domiciliary Care," would allow Mentally Ill persons to live in residential group facilities."

Illinois

Senate Resolution 781 would create a Senate Select Committee on the Mentally Ill and Developmentally Disabled to determine the number of Homeless Mentally Ill and to make recommendations to improve services to this group.

Kentucky

House Concurrent Resolution No. 147 calls for a study and recommendations for programs for the Homeless.

Ohio

H.B. 413 required Federal and State Funds be used as grants to fund emergency shelters for the Homeless. A new draft of this bill, H.B.515, "An Act to Make an Appropriation for Grants for Emergency Housing Shelters for the Homeless," authorizes the Department of Health to appropriate grants up to $150,000 to non-profit organizations for emergency housing shelters.

Pennsylvania

House Bill 2327, "An Act Relating to Mental Health Procedures . . . making provision for Mentally Impaired Persons in need of Shelter," would provide shelter and support services to Homeless Mentally Ill.

Tennessee

House Resolution No. 180, "A Resolution to provide for a study of Mental Health Facilities and the question of deinstitutionalization," would create a Special Committee to study this topic.

House Joint Resolution No. 511, "A Resolution to provide for a study of the problems of Homeless people in Tennessee" would create a Joint Special Joint Commission to study this issue.

Utah

H.B. No. 196, "An Act Relating to Public Welfare Creating the State Homeless Coordinating Committee," authorizes the formation of study group to identify the needs of the Homeless.

Virginia

Four pieces of legislation was considered this session.

Senate Joint Resolution No. 62, "Auxilary Grant Programs," would be expanded to include persons residing in community service boarding houses.

Senate Joint Resolution No. 53 calls for the development of pilot projects that would use vacant State Hospital Buildings as a "Domiciliary Care Model."

H.B. 198 would establish a study committee to develop a state housing policy for the disabled.

H.B. 356 would require a housing Predischarge Plan before a person is discharged from a Mental Health Facility.

West Virginia

Two bills were considered this session.

H.B. 1911 would grant property tax exemptions for residential and halfway homes.

H.B. 1558 would establish transitional living units on the grounds of State Hospitals.

B. Report Recommendations

Category II, Report Recommendations, found states considering construction subsidy programs (1); designing uniform shelter standards (2);providing legal services (1); establishing central data banks (2); developing surplus facilities; creating special funds (1); and implementing women, family and elderly programs (2) (See Table VI).

California

" A study of the Issues and Characteristics of the Homeless Population in California recommends emergency services, transitional housing, enforcement of shelter standards, and use of surplus facilities.

Connecticut

"An Action Plan to Address the Needs of the Homeless" recommends establishing uniform shelter standards, and creating an Ombudsman program in the State Department on Aging for Homeless Elderly.

Illinois

"A Housing Need Assessment of Persons With Disabilities" recommends establishing data base to identify housing stock and number of residential beds.

Kansas

Legislative Coordinating Council has assigned a study on the Homeless to the Special Committee on Public Health and Welfare. it is expected to be completed in December, 1986.

Kentucky

"The report of the Task Force on the Homeless" recommends establishing a central data bank to identify shelter space; a central clothing bank; a special fund to pay for medical services not covered by other benefit programs; and uniform shelter standards.

Minnesota

"Deinstitutionalization of Mentally Ill People" recommends developing standard discharge plans and funding new community support projects.

Missouri

"Homeless in Missouri: A Report to the Speaker of the Missouri House of Representatives" recommends that the state provide subsidies to developers of SRO housing, provide legal services, and establish centralized sources of information.

TABLE VI

STATE SURVEY: REPORT RECOMMENDATIONS

State	Construction Subsidy Program	Uniform Shelter Standards	Legal Services	Central Data Bank	Surplus Facilities	Special Fund or Project	Women Family Elderly
California		X			X		
Connecticut		X					
Illinois				X			
Kansas							
Kentucky		X		X		X	
Minnesota						X	
Missouri	X		X	X			
New Jersey							
Ohio							
Pennsylvania							
West Virginia						X	
Wisconsin							X

New Jersey

"Report of the Governor's Task Force on the Homeless" makes no specific recommendations for the Homeless Mentally Ill.

Ohio

"Ohio Mental Health Housing Task Force" recommend increasing personal and financial resources and improving the availability and quality of housing.

Pennsylvania

"Interdepartmental Human Services Planning Committee Report on the Homeless" examines the services available to the homeless including the Mentally Ill.

Texas

"Final Report On the Homeless In Texas" found that deinstitutionalization of the mentally ill is the second most significant factor contributing to homelessness in Texas and recommends state agencies explore ways of establishing common residency and address requirements to satisfy eligibility criteria for state programs.

West Virginia

"Local Demonstration Project and State Strategy to Serve Homeless" recommends creating a Local Demonstration Project that would include a psychosocial program and an outreach program to identify non-users of shelter services.

Wisconsin

"Listening to the Homeless: A Study of Homeless Mentally Ill Persons" recommends continuing community based services, establish a homeless women program, and assess relationship between substance abusers and the Mentally Ill.

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